St. Edward the Confessor Parish School of Religion

4921 West Metairie Avenue Metairie, LA 70001-4466 (504) 888-0703

Child's Name: _____
Last Full First Full Middle

Birthplace: _____ Birth Date: _____
City State Month/Day/Year

Gender: Male / Female (Please Circle)

Name of School Entering Fall of **2025**:_____ & **Grade** _____

Baptized Catholic: Yes / No (Please Circle)

	Date	Church Parish	City and State
Baptism			
First Communion			

Child lives with: Both Parents / Mother / Father / Joint Custody / Other (Please Circle)

Address of Primary Custodial Parent / Guardian (Correspondence will be mailed to this address):

_____
Street Address City State Zip

Natural Father: _____
Last First Middle

_____
Occupation Religion Marital Status Spouse's Name (if not child's mother)

_____ _____
E-Mail Address Phone Number Cell / Work / Home

Natural Mother: _____
Last First Maiden Name

_____
Occupation Religion Marital Status Spouse's Name (if not child's father)

_____ _____
E-Mail Address Phone Number: Cell / Work / Home

Emergency Contact Name(s) and Phone Number(s) – if parent(s) cannot be reached:

_____

Physician's Name and Phone Number:

_____

Any Medical Conditions / Allergies / Special Needs/Special Instructions:

_____

Insurance Company: _____ Group #:_____ Policy #:_____

I (parent/guardian signature)_____ give my permission for St. Edward officials to take the necessary steps required for emergency treatment for my child.

Classes are held on Sundays, following 10:00 a.m. Mass, **from 11:00 a.m.-12:00 p.m**. in the Parish Center beginning on **August 17, 2025**. Tuition is **$35** per student in Grades 1-6 and **$55** per student in Grades 7-11. If your child is new to our program: (1) Please supply a copy of your child's baptismal certificate; (2) If your child has already received First Holy Communion from another parish, please supply the First Holy Communion Certificate; (3) If you are not officially registered parishioners of St. Edward the Confessor Church and live outside of our parish territorial boundaries, you must obtain a letter from the parish within whose boundaries you reside granting permission for your child to participate in our PSR program**.**

Please return this registration form, tuition payment and any other required documents to the Parish Office by Monday, **July** 14. Make checks payable to ***St. Edward the Confessor Church***.

For Office Use Only

Date Registered _____ Tuition Fee Paid _____ / _____

Parish Envelope ID # _____ or OTP Permission Letter Received _____

Baptismal Certificate Received_____

1st Communion Certificate, if applicable, Received _____